FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90102 047 ***150.00

DOCUMENT # **J76942** 1. Corporation Name

PVS ASS	SOCIATES INC.						H SIBAL BABAR BIGSA BABAR B	(C (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
l							. Ciril Ciair Ciair Ciair Ciair C	
Principal Place	of Business	Mailing Address				-	A SCOTO BIRTO SCOTO BIRTO S	fårt ækækt (mær
% PAUL C. SCARNA. JR.		% PAUL C. SCARNA. JR.						
8322 N.W. 7 ST.		8322 N.W. 7 ST.			DO NOT WRITE IN	I THIS SDACE		
CORAL SPRINGS FL 33071		CORAL SPRINGS FL 33071				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		η
						06/10/1987		
2 Principal P	ace of Business	2a, Mailing Address				4. FEI Number	Ap	plied For
21		26				59-2827768	27768 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75	Additional
22		27				5. Certificate of Status Desired	Fee Re	quired
City & State		City & State				6. Election Campaign Financing	\$5.00	Мау Ве
23		28				Trust Fund Contribution	Added t	o Fees
Zip Cour try		Zip Cou		try		8. This corporation owes the current y		
24	25 29		30			Persor al Property Tax.	Yes]No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Regis	itere d Agent	
OU.VI	DNA DALII C ID		8	31 1	Name			
SCARNA. PAUL C., JR. 8322 N.W. 7 ST.			8	32 5	Street Ac dre	ss (P.O. Bo) Number is Not Acceptable)		
CORAL SPRINGS FL 33071				33				
0.77	16 01 1111 (40 1 2 0001 1		•	"				
			8	34 (City		FL 85 Zip (Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	s, the abo	ove-n	amed ccrpc	pration submits this statement for the purp	ose of changing its	registered
office crr	egistered agent, or bo h, in the State m familiar with, and accept the oblig	e of Florida. Such change was aut	horized b	by the	e corporation	n's board of directors. I hereby accept the	aprointment as re	g stered
SIGNATURE	,	, , ,						
Signature, typed or printed na ne of registered agent and title if applicable.			Registered Agent signature requir		gnature required	arion townstandy	DATE	
12.		NE DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	Addition
TITLE	D						Criatige	
NAME	SCARNA, PAUL C., JR.		1.2 NAME					
STREET ADDRE IS			13 STRE					
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY		Р		Change	☐ Addition
TITLE	D	☐ DELETE	2.1 TITLE				☐ Change	
NAME	SCARNA, VIRGINA		2.2 NAME					
STREET ADDRESS			2.3 STRE]
CITY-ST-ZIP	CORAL SPRINGS FL	☐ DELETE	2. 4 CITY		<u> 11P — — — — — — — — — — — — — — — — — —</u>		Change	Addition
TITLE		- Deceie	E 3.1 TITLE 3.2 NAME		ŀ		_ overigo	
NAME			3.2 NAME		DDECC			ļ
STREET ADDRESS								
CITY-ST-ZIP		☐ DELETE	3.4. CITY-5		.a-		Change	Addition
I NAME			4.2 NAM					
			4.3 STRE		IDRESS			
STREET ADDRESS			4.3 STRE					
CITY-ST-ZIP			5.1 TITLE				☐ Change	Addition
NAME		_ -	5.2 NAMI					
			-		1			

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicate 1 on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with at other like empowered.

5.3 STREET ADDRESS

63 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

PAUL C SCARUATA

☐ Change

Addition